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Country note**

Central African Republic

Summary

The Executive Director presents the country note for the Central African Republic for a programme of cooperation for the period 2002-2006.

The situation of children and women

1. The population of the Central African Republic is estimated to be 3.7 million (51 per cent women and 49 per cent men), unevenly distributed over an area of 623,000 square kilometres. The population, growing at an annual rate of 2.5 per cent, is young: children under 18, of whom 17 per cent are under 5 represent 48 per cent of the population. Women of childbearing age (15 to 49) make up 24 per cent of the total population. The Central African Republic ranks 165th out of 174 countries on the human development index, with a per capita income of 330 dollars; 49 per cent of the population lives below the poverty line (14 dollars or less per month). The democratization process began in 1993. In spite of some upheaval between 1996 and 1997, with the help of the international community the country has been able to return to the path of peace and stability. The decentralization and regionalization policy advocated in the 1995 Constitution has still not borne fruit owing to a lack of meaningful supporting measures. The country has undertaken macroeconomic and financial reforms in cooperation with the Bretton Woods institutions, which have led

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** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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to a slight economic upturn. However, the progress made by the end of 1999 remains tenuous because of tax evasion and the slow implementation of the privatization programme.

2. The Government has demonstrated its desire to implement the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women by publicizing the provisions of those two Conventions (translated into the national language, Sango), establishing a children's Parliament and tribunal, adopting a Family Code and ratifying International Labour Organization (ILO) Convention No. 138 concerning Minimum Age for Admission to Employment and Convention No. 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour. The initial report submitted to the Committee on the Rights of the Child in 1998 was considered in plenary in September 2000. Recommendations made at that time have been taken into account in the current programme. The drafting process for the initial report to the Committee on the Elimination of Discrimination against Women is under way. In spite of all these efforts, effective implementation of the rights of children and women remains a major challenge. There is a low rate of birth registrations (approximately 50 per cent) and nearly 50 percent of young girls undergo excision; 21 per cent of households are headed by women. Poverty, illiteracy (70 per cent) and overload of onerous duties explain women's low participation rate in community development activities.

3. The state of children's health has worsened overall in recent years, despite a few successes as a result of the programme. Infant mortality rates (IMR) (97 out of 1,000 live births) and under 5 mortality rate (U5MR) (157 per thousand) are still very high. The low vaccination rate (under 50 per cent since 1997) and the increase in measles, tuberculosis, malaria, diarrhoeal diseases and acute respiratory infections are still a source of concern. Malnutrition is a real public health problem: 80 per cent of children between 6 and 36 months of age are anaemic; 68 per cent suffer from vitamin A deficiency; 28 per cent of children under 5 show stunted growth; and 23 per cent are under weight. The maternal mortality rate (MMR) is still high (948 per 100,000 live births). That is a result of, amongst other causes, haemorrhaging, dystocia, eclampsia, and infections aggravated by anaemia (50 per cent of pregnant women), vitamin A deficiency (17 per cent), and the absence of any policy for medical care in cases of obstetrical emergencies. Teenage pregnancies and abortions performed in poor conditions are worrying phenomena. Only 38 per cent of the population on average has access to safe drinking water and hygiene practices are inadequate.

4. The increase in HIV/AIDS, with a seroprevalence of 14 per cent for the population as a whole, puts the country in tenth place among countries having the highest infection rates in the world (according to the 2000 report of the Joint United Nations Programme on HIV/AIDS (UNAIDS)). HIV/AIDS has been the leading cause of hospital deaths in Bangui since 1996. Among young people, infection rates are highest in the 15 to 24 age group, where the infection rate for females is six times higher than for males. Among pregnant women, the HIV/AIDS rate varies between 5 and 22 per cent at the various monitoring sites. Sexually transmitted diseases (STDs) are an aggravating factor.

5. The net school enrolment rate for children between 5 and 12 years of age dropped from 63 to 46 per cent between 1996 and 1998, with a large disparity

between boys (53 per cent) and girls (39 per cent). That situation is a result of the instability in the country, the lack of infrastructure and qualified teachers, as well as frequent strikes. The school drop-out rate remains high (fewer than 50 per cent of children enrolled finish the primary cycle). Virtually no children between the ages of zero and four have access to pre-school education owing to the lack of an early childhood development policy. The weak education system, poor parental and community monitoring and economic crises have contributed to the increase in the number of children needing special protection measures in 1998: 2,629 children were found to be living and working in the streets of the country's six major cities, of whom 13 per cent were girls and 87 per cent boys.

Lessons learned from recent programme experience

6. Collaboration with other partners (the World Health Organization (WHO), the Governments of France, Germany and Japan and the European Union) has led to the expansion of the Bamako Initiative from 50 to 100 per cent of the health districts. The creation of a geo-specific database and a broader range of social indicators on children and women have facilitated better decentralized planning. In the programme's target area, community participation has been strengthened through the creation of 320 village development committees. The lessons learned from decentralization in the target area (prefectures of Ouham and Nana-Grébizi) has highlighted the importance of the microplanning strategy and participation in achieving lasting results: 70 per cent of the population has access to safe drinking water and 90 per cent of wells are permanently maintained; the net school enrolment rate for girls has improved from 30 per cent in 1996 to 45 per cent in 1998 (compared to a national average of 39 per cent); and the gap between the enrolment rates for boys and girls is virtually non-existent.

7. In the efforts to combat iodine deficiency disorder (IDD), which was a major national scourge, the State's commitment, the strengthening of the intersectoral approach and cooperation with the private sector, the World Bank and the World Food Programme (WFP) have been decisive factors in achieving convincing results: the proportion of iodized salt being consumed increased from 4 per cent in 1990 to 87 per cent in 1998. As a result of the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF), a joint target area has been designated (prefectures of Ouham, Nanä-Mambéré and Ombella-Mpoko), with a view to consolidating and transferring the lessons learned from UNICEF's experience in the original target area, beginning the joint programming process and determining the relevance of the strategies to be promoted. This process has reinforced inter-agency coordination and collaboration in joint activities. The involvement of non-governmental organizations (NGOs), civil society and religious institutions can compensate for the weakness of government institutions and increase the quality and speed of delivery of activities and empower community members to take matters into their own hands.

8. However, a number of constraints remain: the sparse resources allocated to the social sector, delays and inefficiency in implementing the national decentralization policy, poor national capacity for planning and monitoring and lack of a national development plan remain challenges to be overcome in the next programme.

Proposed country programme strategies

9. This programme has been developed in close collaboration with the Government and with the active participation of the other partners (bilateral, multilateral, agencies of the United Nations system, NGOs, women's associations, the Children's Parliament and representatives of civil society). In addition, representatives of the UNICEF Executive Board member countries with embassies in the Central African Republic participated in the strategy meeting.

10. The overall objective of the 2002-2006 programme will be to promote the implementation of children's and women's rights and to include UNICEF in the CCA/UNDAF process as a key partner in the fight against poverty and the empowerment of the family and the community. The programme's specific objectives will be: (a) reduction of U5MR from 157 to 140 per 1,000 live births; (b) reduction of MMR from 948 to 860 per 100,000 live births; (c) reduction of the spread of HIV/AIDS among young people and women; (d) improvement in the quality of instruction and increase in the net rate of access to basic education from 46 to 66 per cent; (e) increase in the rate of access to safe drinking water in rural areas from 40 to 50 per cent; and (f) promotion of children's and women's rights.

11. These objectives will be achieved through the implementation of the five major strategies: provision of quality basic services and increased geographical coverage, advocacy and social communication aimed at changing behaviours and promoting rights, reinforced partnerships with adolescents, NGOs and women's associations, empowerment of communities and women and implementation of decentralization.

12. At the national level, the programme will contribute to the strengthening of institutional capacities and to the development of sectoral policies. At the regional level, the lessons learned in the programme target area (13 per cent of the country's population) will be reinforced and the inter-agency joint target area coverage (27 per cent of the population) will be extended; that will allow the lessons learned in the programme target area to be copied and the rights/gender approach to be highlighted.

13. The cooperation programme has five constituent elements. The *survival programme for children and women* will include: reduction of U5MR and MMR by reinforcing the lessons learned in the Bamako Initiative; a renewed immunization programme; implementation of comprehensive care for children's diseases and obstetrical emergencies; strengthening of efforts to combat malaria; elimination of micronutrient deficiencies; eradication of poliomyelitis and dracunculiasis; promotion of hygiene, including access to safe drinking water; nutritional monitoring at the community level; and the promotion of exclusive breastfeeding.

14. The *HIV/AIDS and STDs programme* will: (a) improve access to basic information services (counselling/anonymous testing) in cooperation with NGOs, communities and infected persons in order to promote prevention throughout the country; (b) strengthen early care for STDs among adolescents and pregnant women; (c) encourage the inclusion of HIV/AIDS information in school curricula; and (d) lead to reduced mother-child transmission of HIV.

15. The *basic education programme* seeks to: (a) increase the net school enrolment rate in the joint action target zone; (b) increase the quality of pre-school and primary

teaching; (c) strengthen community capacity to care for young children; and (d) promote the integration of formal and non-formal approaches.

16. The objectives of the *children's and women's rights promotion programme* are to: (a) encourage advocacy for the harmonization of national laws with the Conventions and ensure greater awareness of the law among the general population, women and children; (b) strengthen communication and advocacy for a change in behaviours and mobilization of resources; (c) strengthen national institutions and the judicial and legislative systems; and (d) promote special protection for and reintegration of street children and children in conflict with the law.

17. The objectives of the *planning, monitoring and evaluation programme* are to: (a) encourage development of national capacities in the area of social policy development; (b) strengthen follow-up on the situation of children and women and implementation of the two Conventions, as well as establish an integrated monitoring and evaluation plan for the country programme; (c) contribute to implementation of a national decentralization/regionalization policy; and (d) strengthen the capacities of grass-roots communities, young people and women through the promotion of community participation.

18. The cross-sectoral costs will contribute to the hiring of staff, the purchase of material resources and the management of emergencies based on an emergency preparedness plan.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Survival of children and women	2 732	2 000	4 732
HIV/AIDS and STDs	1 000	1 500	2 500
Basic education	1 200	1 000	2 200
Promotion of children's and women's rights	1 000	500	1 500
Planning and monitoring/evaluation	1 000	0	1 000
Cross-sectoral costs	800	0	800
Total	**7 732**	**5 000**	**12 732**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Equatorial Guinea

Summary

The Executive Director presents the country note for Equatorial Guinea for a programme of cooperation for the period 2002-2006.

The situation of children and women

1. Equatorial Guinea consists of a mainland region and five islands. The capital, Malabo, is on the largest island, more than 250 kilometres from the mainland area. The population, an estimated 460,000 inhabitants, is very young, with 49.5 per cent under 18 years of age; women account for 51.2 per cent. Since 1994, thanks to the exploitation of petroleum deposits, the economy has expanded rapidly, as shown by the spectacular growth in gross domestic product (GDP) from $380 per inhabitant in 1995 to $1,110 in 1998. However, further efforts are required to ensure equitable distribution of the growing GDP to the population as a whole. In 1997, the National Economic Conference concluded that 40 per cent of public expenditure should be allocated to the social sector under the Medium-Term Development Strategy. To date, no initial reports under the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women have yet been submitted and no satisfactory system exists for compiling statistics on the situation of children or women.

* E/ICEF/2001/2.

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2. Although infant mortality and under-five mortality rates decreased significantly between 1994 and 1998 (from 120 to 111 and from 240 to 171 per 1,000 live births, respectively), the situation of children remains highly precarious. The main causes of under-five mortality are malaria (37.7 per cent), diarrhoeal diseases (15.9 per cent), acute respiratory infections (13.7 per cent) and measles (1.9 per cent). In 1996, immunization coverage was 81 per cent (triple doses of diphtheria, tetanus and whooping cough); current problems in the health system point to a likely decrease in that figure. The maternal mortality rate is estimated to be 352 per 100,000 live births. About 60 per cent of deliveries take place at home, usually in the absence of qualified personnel. A study carried out in five district hospitals in 1998 by the Ministry of Health showed that 25 per cent of deliveries involved young women less than 19 years old. HIV/AIDS seroprevalence — estimated to be 1.7 per cent in 1992 — rose to 3 per cent in 1996, with women accounting for 67 per cent of cases (Ministry of Health/European Union). Risk factors include lack of public awareness about means of prevention and poverty, which causes some young women to have casual sexual relations with men. 15.4 per cent of the population — including 65 per cent girls — suffer from iodine deficiency (the mainland region being the most affected). Only 26 per cent of the population consume iodized salt. Approximately 20 per cent of the rural population and 53 per cent of the urban population enjoy access to potable water. The Multiple Indicator Cluster Survey (MICS) will allow such data to be updated.

3. In 1998, the net school enrolment rate was 81 per cent, with the private sector playing a significant role. The public education system suffers from poorly trained staff, the small number of schools (often dilapidated and ill-equipped), as well as the scarcity of educational materials, which partly explain the high drop-out, repetition and late entry rates at the primary level (9.3, 27 and 45.5 per cent respectively). Heavy domestic chores, the pressure of traditional practices and low family incomes explain why still only 24 per cent of girls complete primary education. Pre-school (non-formal) education coverage increased from 10.2 per cent in 1990 to 43.3 per cent in 1998, but in view of the lack of budgetary resources, its future remains in question.

4. Regarding the situation of women, current legislation is not always in conformity with the Convention on the Elimination of All Forms of Discrimination against Women. Moreover, in most cases, family questions are still regulated by customary law, which sometimes discriminates against women and children, particularly in respect of questions related to dowry, separation, divorce and child custody. The poverty afflicting many families occasionally leads parents or guardians to seek or accept paid work for their children. The petroleum sector has attracted a massive influx of foreign labour — single men for the most part — which has resulted in an increase in prostitution, including child prostitution.

5. This updated account of the situation of children and women is based on an analysis of the current situation using rights/gender-based approaches and the Common Country Assessment (CCA) elaborated in 1999. The MICS — the results of which are expected in early 2001 — will allow such data to be refined and supplemented.

Lessons learned from recent programme experience

6. The 1999 annual review highlighted the lack of conformity of legislation with the two Conventions, the shortcomings in implementation and monitoring, and the inconsistencies between certain customary law practices and the Conventions. It is thus necessary to strengthen mechanisms not only to improve the implementation and monitoring of the Conventions, but also to raise awareness of these instruments among the population and the authorities. Certain special events, such as the commemoration of the Day of the African Child, have helped raise overall public awareness of children's and women's rights.

7. Given the burden of poverty on families and communities, the concept of voluntary participation is often questioned by the beneficiaries themselves. It was partly for this reason that some projects incorporating a non-remunerated community contribution have failed to attain their objectives. This grass-roots reaction could also explain the decrease in non-formal pre-school education coverage as well as the erratic functioning of water point management committees. Conversely, the high rate of coverage (95 per cent) achieved during national polio immunization days — thanks in particular to concerted international cooperation at all levels to mobilize human, financial and material resources, as well as to the strong mobilization of communities — demonstrates the eagerness of such communities to contribute actively to their own development. In future, it would thus be necessary to emphasize more participatory approaches involving the direct participation of beneficiaries in the identification of poverty eradication strategies.

8. Overall, the projects encountered difficulties in finding counterpart funds. Partners also had difficulty adapting to administrative programme-management and follow-up procedures. The heavy centralization of public services has also continued to affect certain activities. A committee for the coordination, monitoring and follow-up of projects has been established in order to tackle those problems; that committee is to be strengthened.

Proposed country programme strategy

9. The rapid rise in revenue from petroleum exploitation requires the elaboration of a new type of programme which would help, inter alia, to promote the equitable distribution of the new wealth in the interests of children and women. The national Medium-Term Development Strategy (1997-2001) for the social sectors and the CCA provide a frame of reference for the elaboration of the new cooperation programme. This programme is also part of the new momentum relating to the preparation of the United Nations Development Assistance Framework (UNDAF). The current cooperation programme has thus been reduced by two years in order to synchronize the cycles of the United Nations agencies as of 2002; a mid-term review will thus not be held. The consensus achieved during the programme orientation strategy meeting, attended by the Government, UNICEF and other stakeholders, was consistent with the Global Movement for Children and the UNICEF medium-term plan, as well as with the "Vision of the African Child in West and Central Africa".

10. The aim of the cooperation programme is to contribute to the promotion and realization of children's and women's rights. In view of the limited resources available to the programme, its principal objectives between now and 2006 are to

assist in: (a) achieving close harmonization between national laws and the two Conventions, and strengthening the monitoring of their implementation; (b) improving access to and quality of basic health and education services in seven districts; and (c) strengthening mechanisms for monitoring the situation of children and women, as well as measures to help children with special protection needs.

11. In tandem, the country programme will support nationwide projects as well as those confined to a target area comprising the seven districts covered by the previous cooperation programme. These seven districts had been selected on the basis of reliable social and economic indicators, high poverty level and low involvement of other international development partners. These criteria remain valid. In order to ensure sustainability, the new cooperation programme would continue certain former cooperation activities in the field of primary health care, immunization, education for girls and early childhood development. At the same time, the programme's contribution in certain priority or emerging fields — such as promotion of human rights, prevention of HIV/AIDS and improvement of the quality of education — will be strengthened. The programme will accord particular attention to monitoring the situation of children and women and to follow-up and evaluation of the implementation of such activities.

12. Strategies to be adopted will include national capacity-building at all levels, and development of the partnership between Government, civil society, UNICEF and all other stakeholders, with a view to creating new alliances and consolidating existing ones. Particular attention will be accorded to communication to encourage behavioural change and implementation of a rights-based approach, for example through the identification of gender-based disparities and discrimination, and of the most vulnerable groups. Advocacy for efficient allocation of resources to priority social sectors will also be strengthened. Support for the delivery of services will primarily involve the fields of health, education and water and sanitation in the seven target districts, inter alia through quality enhancement, community participation — especially of young children and adolescents — and use of appropriate technologies. The Government will also receive support for furthering the decentralization of public services under the coordination of national and regional planning bodies.

13. The *programme for the promotion and monitoring of the implementation of children's and women's rights* will help to: facilitate the implementation of the two Conventions; strengthen mechanisms for monitoring the situation of children and women, in particular the most vulnerable groups; and develop activities targeted at groups of children with special protection needs. Activities will also be undertaken to promote the gradual harmonization of national laws with the Conventions, to strengthen the capacities of the judiciary, the police and local authorities, and to promote behavioural changes among traditional authorities, communities and families. A comprehensive plan for follow-up and assessment of the country programme will also be implemented. Indicators for monitoring emergency preparedness will be proposed. The programme — with the collaboration of other United Nations agencies — will help reinforce the national system for compiling and analysing social statistics. It will also facilitate the identification of vulnerable groups and priority activities and strengthen advocacy for better allocation and utilization of the State budget to improve basic social services. In the second phase of the programme, better targeted and more specific activities for children with special protection needs will be developed.

14. The objectives of the *child survival and development programme* are to: help to reduce infant mortality from 111 to 89 per 1,000 live births and maternal mortality from 352 to 280 per 100,000; and, in accordance with national objectives, to increase the net school enrolment rate from 81 to 86 per cent and the rate of completion of basic education for girls from 24 to 34 per cent, and to reduce the repetition rate from 27 to 22 per cent and the rate of school drop-outs from 9 to 4 per cent. At the national level, the programme will support: development of national health and basic education policies with the close collaboration of all partners involved; eradication of poliomyelitis and strengthening and maintenance of routine immunization coverage; efforts to combat iodine deficiency; and prevention of HIV/AIDS, particularly among adolescents. Within the limits of available resources, the programme will provide support for activities in the selected districts, including staff training and improved access to upgraded basic education and health services. Particular attention will be accorded to: integrated coverage for early childhood diseases; early detection of high-risk pregnancies; promotion of the "School — a child's best friend" initiative; school enrolment of girls; strengthening of water point management bodies; and encouragement of local participatory approaches directly involving communities, families, young people and women.

15. The cross-sectoral costs will help strengthen programme coordination mechanisms and cover some staff and operational costs for the various projects. Coordination of the country programme will be provided by the Ministry of Planning and Economic Development. At the level of the seven selected districts, operations will be coordinated by decentralized structures of the Ministry of the Interior responsible for decentralization.

Estimated programme budget

Estimated programme cooperation, 2000-2006[a]

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Promotion and follow-up of implementation of children's and women's rights	1 635	442	2 077
Child survival and development	824	858	1 682
Cross-sectoral costs	810		810
Total	**3 269**	**1 300**	**4 569**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

Gabon

Summary

The Executive Director presents the country note for Gabon for a programme of cooperation for the period 2002-2006.

The situation of children and women

1. Gabon, a mainland country in the Gulf of Guinea covering 267,667 square kilometres, has 1.2 million inhabitants, 73 per cent of whom live in urban areas (general census of population and housing, 1993); 15 per cent of the population is of foreign origin. The country has been at peace since achieving independence and has contributed to subregional conflict resolution efforts. The State's revenue comes primarily from petroleum exploitation and timber, which account for a per capita gross domestic product (GDP) of $4,630. In terms of the human development index, however, in 1999, Gabon ranked only 123 (out of the 174 countries categorized), thus displaying the widest gap in the world between adjusted per capita GDP and HDI (-60). This paradox can be explained by: the unequal distribution of income (83 per cent of the population live on an income that is below the minimum wage and more than 20 per cent of the urban population survive on less than one dollar per day), the low level of social spending, as well as the high level of indebtedness. Debt servicing accounted for 55 per cent of public resources in 1994, compared to

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77.5 per cent in 1998. Meanwhile, over the past decade or so, the social welfare system has been eroded and access to basic social services has diminished; more than 70 per cent of poor urban households live in slums.

2. Monitoring of the implementation of the Convention on the Rights of the Child is under way, and the country's initial report has been submitted to the Committee on the Rights of the Child. However, analysis of the situation of children and women is difficult because statistical information is either lacking or of poor quality. Gabon is currently conducting its first-ever population and health survey, which will supplement and update certain national data.

3. The infant and under-five mortality rates are currently estimated at 85 and 144 per 1,000 live births respectively, with a maternal mortality rate of 500 per 100,000 live births. This situation is mainly due to the decline in the availability and quality of basic social services. The rates of vaccination coverage for diphtheria, tetanus and whooping cough (triple doses), for example, fell from 53 per cent in the early 1990s to 30 per cent in 1999. Available statistics on nutrition reveal low reliance on breast-feeding in the first four months (15 per cent) and a high incidence of anaemia among pregnant women (71 per cent).

4. Gabon has made significant progress in broadening access to primary education, with a net school enrolment rate of 86.3 per cent and no gender-based disparities. That success is attenuated, however, by the poor quality of the education system characterized by high repetition rates (approximately one third at the primary level) and low internal performance. Furthermore, less than 20 per cent of children have access to pre-school education facilities.

5. HIV/AIDS seroprevalence is increasing sharply. In 1995, an estimated 2.9 per cent of the population between 15 and 49 years of age were infected; in 1999, the rate had reached 6.5 per cent (national AIDS control programme). In 1996, HIV/AIDS seroprevalence among pregnant women was estimated at 4 per cent; in 1999, the total number of orphans was reported to have risen to 8,600.

6. The number of children in need of special protection measures is also increasing as a result of growing urbanization and entrenched poverty and also because of the country's attractiveness in the subregional context. Children identified as falling in that category mainly include victims of trafficking for the purposes of child labour (at least one thousand) and street children. The Libreville meeting (February 2000) highlighted the subregional character of trafficking problem, as well as the need for coordinated action by countries involved. Furthermore, refugee influxes from the Congo included some 4,500 children.

7. An analysis of disaggregated data available points to the persistence of significant gender-based disparities, particularly as regards illiteracy, access to secondary and higher education and participation in decision-making. Customary laws continue to play a prominent role in determining the status of women. By contrast, modern laws — more favourable to women's rights — are insufficiently applied. However, the Government has taken legislative measures in order to remedy the situation. A major problem affecting girls is the large number of teenage pregnancies and of abortions performed in poor sanitary conditions (approximately 50 per cent of girls under the age of 19 have had an abortion).

8. The advent of a multiparty system in 1990 led to an expansion of civil society, with the establishment of many non-governmental organizations (NGOs). However,

the operational capacity of most organizations and associations continues, on the whole, to be limited.

Lessons learned from recent programme experience

9. The mid-term review of the current programme recommended that programme activities should give more attention to a rights-based approach. In view of the inadequacy of basic social services, it was agreed that a balance should be maintained between advocacy activities concerning the implementation of rights, on the one hand, and direct programme support for strengthening basic social services and national capacities, on the other hand.

10. Since the establishment of the UNICEF Office in Libreville in 1993, several lessons have been drawn from programme experience, namely: (a) the importance of targeting activities more closely to improve efficiency and ensure that they are better adapted to the limited resources available to the programme; (b) the value added resulting from the strengthening of coordination mechanisms between Government departments, as demonstrated by the success of the national workshop on the follow-up to the 20/20 initiative; (c) the importance of setting legislative, political or other preconditions to the implementation of certain activities, in order to improve feasibility and sustainability (such as the implementation of the Bamako Initiative); and (d) the importance of establishing new partnerships with civil society in order to strengthen and improve responses to problems affecting children and women.

Proposed country programme strategy

11. The country programme for the period 2002-2006 falls within the scope of the basic cooperation agreement signed this year. It is based, on the one hand, on the Government's national policies and priorities for action — including the Gabon 2025 strategic appraisal, the Government's policy statement and sectoral legislation on strategic directions — and, on the other hand, on the strategic directions of UNICEF — including the medium-term plan and the new agenda for children. The finalized programme will also reap the results of processes already under way, such as the United Nations Development Assistance Framework (UNDAF), the Poverty Reduction Strategy Papers (PRSPs) and the results of the population and health survey.

12. The programme aims to support national efforts to realize the rights of children and women in accordance with the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. These general objectives will help to reduce the infant, under-five and maternal mortality rates; ensure harmonious physical and mental development and quality education for all children; and provide protection to — and reduce the number of — children in especially difficult circumstances.

13. The proposed programme will favour the continuity of certain key activities of the current programme, namely: monitoring of implementation of the Conventions, follow-up to the 20/20 Initiative, elaboration of strategies to combat trafficking in children, strengthening of basic social services, and eradication of poliomyelitis. At the same time, the programme will address certain emerging priorities pertinent to

Gabon, such as the spread of the HIV/AIDS epidemic and the specific problems of adolescents and young people. The programme will also promote the adoption of an integrated approach to young children, which would simultaneously take account of their survival, development and protection: dimensions vital to their personal development.

14. The cooperation programme will sustain certain activities at the national and local levels by ensuring maximum possible convergence and synergy. The existing partnership and complementarity with activities carried out by the various donors will be strengthened. New alliances will be formed, especially with NGOs and also, where appropriate, with other countries in the subregion (in order, for example, to ensure a concerted response to certain problems of a regional character, such as trafficking in children).

15. The cooperation programme will be based on four main strategies: advocacy so as to promote implementation of the two Conventions, strengthen alliances and partnership and encourage better utilization of national resources; national, decentralized and local capacity-building; provision of basic, quality services, with special attention to access to services for the most vulnerable groups; and strengthening of the capacity of civil society so as to promote greater community participation. It will consist of two programmes.

16. An *integrated programme of action in the urban context* will be elaborated in a delimited urban and peri-urban zone. Within that zone, the programme will seek to reduce infant and under-five mortality and morbidity and enhance the psychosocial development of young children using an integrated care package for early childhood survival and development. The programme will also help to prepare children and adolescents for life and contribute to the prevention of HIV/AIDS infection, including through the development of communication activities within the school environment for promoting behavioural change. The programme will also accord particular attention to the strengthening of follow-up, as well as to the assessment of the impact and cost of activities with a view to contributing towards the creation of sustainable development models for replication in other urban contexts.

17. The purpose of the *social policies advocacy and development programme* is to support national efforts in respect of the adoption, implementation, monitoring and evaluation of social policies and the promotion of reforms to benefit children and women. The programme will also seek to enhance the success of the country programme as a whole, support the elaboration of a national policy on children and continue to support the follow-up to the 20/20 Initiative and the implementation of the national plan of action. A large part of the programme will be devoted to the provision of support for the monitoring of conventions and of the country's international commitments, including implementation of the two Conventions, elaboration of strategies to combat trafficking in children in line with poverty eradication efforts and attainment of the goal of eradicating poliomyelitis.

18. The cross-sectoral costs will help cover certain staff and operational costs, as well as the initial phase of emergency response. It should also be noted that, in accordance with the provisions of the operational framework, the Government makes a direct annual contribution to the country programme, the precise utilization of which will be determined during finalization of the programme.

Estimated programme budget

Estimated programme cooperation, 2000-2006[a]

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Action in the urban context	1 400	1 300	2 700
Social policies advocacy and development	600	1 140	1 740
Cross-sectoral costs	1 100	560	1 660
Total	**3 100**	**3 000**	**6 100**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country note**

The Gambia

Summary

The Executive Director presents the country note for the Gambia for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. The Gambia has an estimated population of 1.3 million, which is growing at a rate of 4.2 per cent per annum; population density is 121 persons per square kilometre. Nearly 49 per cent of the Gambia's population is below 18 years of age, with 19 per cent age 15 to 24, and 22 per cent of women age 15 to 49. The per capita gross national product is about $320 per annum, while annual economic growth is 4.1 per cent. Poverty increased about 52 per cent between 1992 and 1998. The 1998 National Household Poverty Survey revealed that 69 per cent of the population fell below the poverty line. In rural areas, 60 per cent of households are extremely poor. The highest levels of poverty are found in the Central River Division (CRD), Lower River Division (LRD) and Upper River Division (URD).

2. The infant mortality rate (IMR) and under-five mortality rate (U5MR) declined from 217 and 290 to 167 and 260 per 1,000 live births, respectively, between 1973 and 1983. By 1993, those figures declined significantly, to 84 and 129, due to the adoption of the primary health strategy, the improvement in water and sanitation

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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coverage and the high immunization rates. While immunization coverage of 87 per cent is one of the highest in the subregion (multiple indicator cluster survey (MICS), 1996), current U5MR and IMR of 82 and 64 per 1,000 (*State of the World's Children* 2000) remain a major challenge to the survival of children. Access to safe water is estimated at 69 per cent nationally (MICS, 1996). Malaria accounts for 41.5 per cent of total admissions at hospitals and more than 60 per cent of deaths among children at the main hospital. MICS 2000 data indicate that exclusive breastfeeding in the first three months has doubled from 17.4 per cent in 1998 to 35 per cent. Malnutrition peaks at age 24 months and accounts for 32, 28 and 15 per cent for stunting, underweight and wasting, respectively. Only 4 per cent of children have received vitamin A in the last six months, and only 8 per cent of households consume iodized salt (MICS, 2000).

3. In 1998, the gross enrolment rate (GER) in early childhood centres was 17.7 per cent, with no significant gender differentials. Early childhood centres increased in number from 125 in 1995 to 265 in 1998. In 1998/99, the gender differentials in GER at the primary level stood at 12.2 per cent in favour of boys. However, between 1992 and 1998, there was an average annual increase of 2.2 per cent in girls' enrolment, indicating a faster rate of increase for girls, due to the specific interventions targeted to them. Divisional differences indicate that URD has the lowest GER, 44.6 and 58.3 per cent for girls and boys respectively (*Education for All Report*, 2000). The repetition rate of 6.5 per cent and retention rate of 66.6 per cent to grade 6 for girls indicate that a significant proportion of girls do not complete the primary cycle. In 1999, a substantial portion of the national budget (24 per cent) went to education, of which two thirds went to basic education.

4. Skilled birth attendants assist 55 per cent of deliveries (MICS, 2000), but the maternal mortality rate (MMR) is estimated at 1,050 per 100,000 live births (1990). Harmful traditional practices such as female genital mutilation (FGM) affect more than 60 per cent of women, and early marriages continue to pose serious health and psychological problems and trauma for children and women throughout their life cycle. Teenage pregnancies continue to affect the drop-out rate of girls. HIV/AIDS has become a particular threat to women, who have little control over the number of sexual relationships their partners have, and sexually transmitted infections (STIs) are widespread. While the national prevalence of HIV infection was relatively low in 1991 (2.2 per cent among persons aged 15 and above), the 1998 Medical Research Council (MRC) survey revealed that paediatric HIV-1 cases have increased by over 25 per cent due to mother-to-child transmission. The first cases of HIV/AIDS were reported in 1986, and a cumulative total of 606 was reported by 1998. Another MRC survey revealed that 2,815 persons tested positive as of June 1999.

5. The Gambia submitted its initial report to the Committee on the Rights of the Child in December 1999. A report has yet to be submitted to the Committee on the Elimination of All Forms of Discrimination against Women. In September 2000, the National Assembly ratified the African Charter on the Rights and Welfare of the Child. Recognition and sensitization on the rights of disabled persons gained prominence following publication of the National Disability Survey of 1998. The overall disability prevalence is 1.6 per cent.

Lessons learned from past cooperation

6. UNICEF shortened the current programme by two years to harmonize the programming cycle with those of the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA); therefore, a mid-term review was not undertaken. The 1999 annual programme review and the 2000 mid-year review assisted in identifying the lessons learned from past cooperation.

7. The involvement of youths in breaking the culture of silence surrounding HIV/AIDS provides a useful strategy for the future programme. Building on this experience, the programme will address critical but sensitive issues such as arranged and early marriages, teenage pregnancy and violence against girls and women. In cooperation with civil society organizations and other development partners, effective community participation has been harnessed to increase enrolment and retention of girls in school. The innovative Baby-Friendly Community Initiative demonstrated that breastfeeding promotion not only mobilizes communities and families to protect, support and promote exclusive breastfeeding for 6 months, but can also be an effective entry point for other community-based activities.

8. The past programme highlighted the opportunities but also the difficulties in implementing integrated social services in a sectoral setting. Existing structures at the local level are still not given adequate staffing or funding to assure effective coordination and synergy. Hence, pursuing integration often results in mere geographic concentration rather than true integration. However, the integration of basic services for the provision of water and sanitation in primary schools has made schools more secure and girl-friendly, which favours access and retention.

Proposed country programme strategy

9. The long-term national development framework of the Gambia's Vision 2020, the poverty alleviation strategy, social sector policies, and the UNICEF medium-term plan were taken into consideration in determining programme priorities. Consultations were held with development partners, non-governmental organizations (NGOs), children and youth groups. The design of the strategy benefited from the Common Country Assessment and the update of the situation analysis on children and women. It also took into consideration such priorities as human rights, governance, poverty, HIV/AIDS and the environment. The country programme recommendation will reflect and incorporate foreseen adjustments from the United Nations Development Assistance Framework (UNDAF), which will be adopted at the end of 2000. Consideration will also be given to the Poverty Reduction Strategy Paper and the Comprehensive Development Framework.

10. The overall goal of the proposed country programme is to contribute to the survival, development, protection and participation of children and women in the context of national development of the Gambia. The country programme will respond to the priority outcomes of the New Global Agenda for Children.

11. The main strategies of the country programme are advocacy, service delivery, capacity-building and community empowerment. Advocacy will help to forge partnerships and alliances to mobilize resources for children and enhance rights promotion and protection. Service delivery will focus mainly on integrated basic services in three of the most disadvantaged divisions and on children in need of

special protection. Capacity-building will address policy development and training in the social sectors. Communities and youth will also be empowered. A resource mobilization strategy will be designed to raise the necessary funding for the proposed programmes and projects.

12. The programme will aim to reach the most vulnerable groups in three priority divisions (CRD, LRD and URD), which were selected based on high prevalence of poverty, fertility rates, IMR, U5MR and MMR, low primary school enrolment, and high drop-out rates, particularly for girls. HIV/AIDS prevention and management will be mainstreamed across the programme, particularly in policy development, youth peer education and partnership building. Special attention will be paid to the promotion of attitudinal and behavioural change, through advocacy, communication and information exchange. Integrated participatory planning at community level will be used to contribute to the decentralization process, in order to enhance coordination through partnerships and alliance building for maximum impact, synergy and cost-effectiveness. Mainstreaming gender across the programme will contribute to effective participation and empowerment of women and girls and will accelerate reduction of discrimination and disparities. Given the country's geopolitical situation, the influx of refugees from Liberia, southern Senegal and Sierra Leone, and its vulnerability to epidemics and natural disasters, special attention will be given to emergency preparedness.

13. The country programme will consist of three programmes: basic services; rights promotion and protection; and social planning, monitoring and evaluation. The first two programmes have been structured to respond to a mix of sectoral and crosscutting issues to facilitate implementation at national and decentralized levels. Cross-sectoral interventions will address rights promotion issues and integrated basic services in the three poorest divisions. The crosscutting social planning, monitoring and evaluation programme will focus on policy development, planning, coordination, management and monitoring of the implementation and evaluation of the programmes.

14. The *basic services programme*, in collaboration with UNDP, UNFPA, the World Health Organization, the World Bank and community-based organizations, will contribute to: (a) maternal well-being, and reduction of MMR by 10 per cent and U5MR by at least 20 per cent; (b) equitable access to quality basic education for girls in the selected divisions (from 63 per cent to 80 per cent); and (c) early childhood care for survival, growth and development in the selected divisions, to ensure that 50,000 children reaching the age of 8 are physically and mentally fit and able to learn.

15. The *rights promotion and protection programme*, in collaboration with NGOs, youth and development partners, will: (a) create awareness of children's and women's rights nationwide, to ensure their promotion and respect through communication for behavioural and social change, community participation and social mobilization; (b) support legislative and institutional reforms in conformity with the two Conventions; and (c) introduce rights and civic education in schools to enhance peace building and participation in development. This programme also aims to protect children in special need, particularly adolescents and disabled children, in selected geographic areas.

16. The *social planning, monitoring and evaluation programme* will contribute to: (a) the enhancement of national capacities, including reliable data collection and

analysis for policy development, planning, implementation, coordination, monitoring and evaluation of social policies and programmes; (b) the strengthening of national capacities, through training and technical assistance, to ensure the implementation and monitoring of the two Conventions, the African Charter on the Rights and Welfare of the Child and the National Youth Policy; and (c) ensure effective and efficient planning, management, coordination, monitoring and evaluation of the country programme.

17. Cross-sectoral costs will provide support to enhance national capacity, including reliable data collection and analysis for planning, coordination, monitoring and evaluation of social policies and programmes. A multisectoral team will be established to support crosscutting components, such as early childhood care for survival, growth and development; adolescents and HIV/AIDS; and youth participation. The country office will strengthen coordination with development partners and NGOs. Support will also be provided to improve programme management and coordination at national, regional and local levels.

Estimated programme budget

Estimated programme cooperation, 2002-2006*

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Basic services	1 450	4 450	5 900
Rights promotion and protection	1 010	2 500	3 510
Social planning, monitoring and evaluation	530	750	1 280
Cross-sectoral costs	645		645
Total	**3 635**	**7 700**	**11 335**

* These are indicative figures only which are subject to change once aggregate financial data are finalized.

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Country Note**

Guinea

Summary

The Executive Director presents the country note for the programme of cooperation with Guinea for the period 2002-2006.

The situation of children and women

1. Guinea has a population of 7,845,380 (2000), 53 per cent of whom are under the age of 18 years and 51 per cent of whom are women; 40 per cent are living below the poverty threshold. The per capita gross national product (GNP) is US$ 540 (1998). Several programmes are under way to reduce poverty and achieve the objectives of the 20/20 Initiative. The resources devoted in 1998 to basic social services reached the level of 17 per cent of official development assistance and helped to reduce infant and under-five mortality rates between 1992 and 1998 from 136 to 98 and from 229 to 177 per 1,000 live births respectively (Guinea demographic and health survey, 1999). These efforts are, however, slowed down by the strong growth in population (3.1 per cent), the low level of growth in Gross Domestic Product (GDP) (3.2 per cent in 1998), the build-up of external debt (75 per cent of GDP), the burden of 800,000 refugees, and the delay in implementation

* E/ICEF/2001/2.

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of the decentralization policy. This situation is made more fragile by domestic socio-political tension, subregional instability and the risk of rapid growth of the HIV/AIDS epidemic (estimated prevalence between 2.2 and 4.1 per cent). In 1999 Guinea submitted its report to the Committee on the Rights of the Child and established a plan of action to implement recommendations on: drawing up a childhood code; strengthening the statistics system; disseminating the Convention on the Rights of the Child more widely; and placing greater emphasis in development programmes on a rule-of-law approach and the protection of refugees.

2. Malaria, acute respiratory infections (ARI) and diarrhoea account for 70 per cent of medical consultations in the case of children; 26 per cent suffer from chronic malnutrition; and the prevalence of goitre in children of school age is 64 per cent. This situation is explained by continuing poor access to health services (60 per cent in 1999), low vaccination coverage (diphtheria, tetanus and whooping cough, 58 per cent) in spite of the success of the anti-poliomyelitis campaign, poor access to drinking water (52 per cent) and poor sanitation and inadequate care at the family and community level.

3. Children still do not benefit from all the opportunities that are available for their development. Pre-school education reaches only 8 per cent of children. The gross enrolment rate has improved (54 per cent in 1999 as against 29 per cent in 1990), but there are still wide disparities between boys and girls (a gap of 27.7 points) and between one region and another (92 per cent in Conakry and 43 per cent in Kankan), and high repeat rates (25 per cent for boys and 28 per cent for girls in 2000) and drop-out rates. This situation is due in particular to the poor supply and low quality of education, the poverty of parents and cultural problems. The situation is even more worrying when it comes to children living in the streets (and they are growing in number), and those affected by conflicts (61 per cent of refugees are children). They are often the victims of abuse and exploitation.

4. Women are subjected to many kinds of discrimination. The majority of girls are still subjected to clitoridectomy; and 85 per cent of women are illiterate (for men the figure is 63 per cent). Women account for 41 per cent of reported HIV/AIDS cases. While they participate in public life, they are still excluded from decision-making and are confined mainly to the informal sector of the economy. The Guinea demographic and health survey of 1999 revealed a high rate of maternal mortality (528 per 100,000 live births in 1999) by reason of frequent pregnancies (the total fertility rate is 5.5 per cent), early unions (50 per cent of girls who are mothers are between 15 and 18), and the low percentage of deliveries attended by qualified personnel (29 per cent).

Lessons learned from past cooperation

5. The mid-term review highlighted the results obtained in several innovative approaches of the 1997-2001 programme, persuading the Government to involve the other partners in their dissemination. The extension of the Bamako Initiative has shown the efficacy of this strategy. The handling of obstetric emergencies has demonstrated that an impact on maternal mortality can be made at a reasonable cost. The control by communities of monitoring and maintenance projects for water points has demonstrated the role that they could be given in order to make up for the limitations of institutional services. The successful of enrolment of children who

have not completed the formal cycle of schooling has shown that the strategy of giving children a second chance works. These results also enabled UNICEF to play a role in the Poverty Reduction strategy paper, particularly in improving basic services (health and basic education sectoral plans and future utilization of debt conversion for financing health), and greater gender awareness in national programmes (especially the school enrolment of girls).

6. The review pointed up the weakness of national planning and statistical systems; persistent divergencies between national texts and the two Conventions, and implementation difficulties; the poor results obtained in salt iodization owing to limitations of the programmatic approach used; and the dispersed nature of activities, which failed to give priority attention to the vulnerable groups.

Proposed country programme strategy

7. The Government has used a participatory approach in formulating the 2002-2006 programme. Under the coordination of the State Secretariat for Cooperation, the sectoral steering committees, working with the development partners, non-governmental organizations (NGOs) and children and young people (through a series of regional consultations), identified the priority areas for intervention, the objectives, the strategies and the target populations.

8. The country programme takes into account the objectives of the World Summit for Children, the priorities of the medium-term plan and of the Global Movement for Children, as well as the recommendations of the Committee on the Rights of the Child. It integrates the risks involved in the national and subregional socio-political situations. It is consistent with the national poverty reduction strategy and the preliminary guidelines of the United Nations Development Assistance Framework (UNDAF) envisaged for the beginning of 2001, for which the cycles of the United Nations agencies have been harmonized. Its goal is to further the achievement of the rights of the child and the rights of women, and its objectives are to help to: reduce infant, under-five and maternal mortality rates (from 98 to 70 per 1,000 live births, from 177 to 140 per 1,000 live births, and from 558 to 350 per 100,000, respectively); improve early childhood development and the quality of basic education for all; promote and encourage protection of the rights of the child and the rights of women; and reduce the spread of the HIV/AIDS epidemic and its impact on children, adolescents and women.

9. In order to achieve these objectives and to ensure that interventions can be sustained and replicated, the programme will use a number of strategies. It will deliver quality services; strengthen the institutional capacities of partners; decentralize and empower communities, families and women; work with partners, particularly United Nations agencies, the Joint United Nations Programme on HIV/AIDS, the World Bank, the United States Agency for International Development, the European Union, NGOs and the Governments of Canada, France, Germany, Japan and Norway; employ advocacy and communication; and focus on particular geographical areas to reach those most vulnerable. The gender approach, the campaign against HIV/AIDS and emergency preparedness and response will be cross-cutting themes in all the interventions.

10. The country programme will have national coverage for activities concerned with institution-building, advocacy and the delivery of services (for example,

immunization and micronutrient deficiency control) and coverage restricted to a focus area of 10 prefectures and 20 districts of Conakry (including the United Nations Development Assistance Framework zone of joint intervention), selected from among areas identified by the Government as the poorest, for activities aimed at improving access to essential services and empowering communities. It will benefit 1,900,000 persons (27 per cent of the population) and will comprise 5 programmes.

11. The *child survival programme* will help to: reduce mortality due to common childhood illnesses; improve the nutritional status of children, adolescents and women; reduce maternal mortality related to haemorrhaging, dystocia and eclampsia; and improve the ability of families and communities to take care of children. The programme, with, in particular, the World Health Organization, the World Bank, the African Development Bank and the United Nations Population Fund, will support reform of the health system, nutrition and water/sanitation policies, immunization services, vitamin A and iodine deficiency prevention, and efforts to control malaria and HIV/AIDS. In the focus area, it will support improvement of the delivery and quality of services, community/Bamako Initiative participation, the maternal and neonatal mortality reduction strategy, the integrated control of childhood illnesses, and community-based activities in the areas of nutrition and water/hygiene/sanitation.

12. At the national level, the *child development programme*, working with, in particular, the United Nations Educational, Scientific and Cultural Organization, the World Bank and the French Development Agency, will support the Education for all strategy, including education for peace, reaffirmed at the World Forum on Education. In the focus area, it will support improvement of the delivery and quality of school services, activities to engage and stimulate young children, and implementation of support strategies (the "child-friendly" school, school health, parent and community participation, parental education, enrolment of children who have not completed the formal cycle, and the struggle against HIV/AIDS). In this area it will help to: provide integrated care for 20 per cent of children under the age of 8; increase crude school enrolment and registration rates by 30 per cent by reducing the gap between boys and girls from 27 per cent to 15 per cent; reduce the repeat rate from 27 per cent to 10 per cent by keeping 90 per cent of girls enrolled up to the end of the primary cycle; and provide a quality education for 20,000 women and 30,000 adolescents.

13. The *protection programme* will help to: improve the living conditions of 20,000 children and women in need of special protection measures in the focus area; and strengthen the institutional framework responsible for their welfare. It will support the relevant NGOs and community services. In collaboration with the United Nations High Commissioner for Refugees and the World Food Programme, it will assist activities for refugee children and women (health, education, family reunion and psychological assistance). It will support the development of data bases and the revision of national codes. It will encourage the development and implementation of special protection strategies for children with disabilities, who are victims of the worst forms of labour exploitation and trafficking or who live off and in the street, and for girls who are exposed to female genital mutilation. Activities will also target children and adolescents who are in conflict with the law and those who are exposed to or affected by HIV/AIDS and its consequences.

14. The *community/monitoring-evaluation initiatives development programme* will help to make the local development strategy effective by strengthening national and local capacities for community planning and empowerment. At the national level, it will support the collection and analysis of social data and the monitoring of the implementation of the two Conventions and will evaluate programme performance (integrated monitoring and evaluation plan). In the focus area, it will support implementation of the national decentralization policy and will strengthen the capacities of communities and women in participatory planning, execution and monitoring of projects. Cross-cutting the other programmes, it will facilitate convergence and coordination and will assist in improving the quality of and access to basic social services.

15. The *advocacy-communication programme* will help to promote and teach behaviour conducive to the prevention and resolution of the most pressing problems experienced by children and women. It will mobilize and strengthen the capacities of leaders, the media, children, women and communities in a partnership designed to promote and implement the two Conventions. It will support initiatives enabling adolescents to realize their potential and participate in local development. It will initiate studies that will give direction to the integrated communication plan.

16. The programme will set in place an emergency preparedness and response plan, which will be coordinated with the inter-agency plan and the subregional plan of the United Nations system. The programme plan will enable support to be provided, as required, for basic services and psychological assistance to be given to displaced children and women, refugees and populations affected by emergencies. Interventions will be undertaken via all the programmes under the coordination of the community/monitoring-evaluation initiatives development programme. The cross-sectoral costs will contribute to the financing of part of the operating expenditure of the programme's support sections.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	General resources	*Supplementary funds*	*Total*
Child survival	3 250	5 000	8 250
Child development	3 000	4 000	7 000
Protection	1 466	2 000	3 466
Community/monitoring-evaluation initiatives development	1 400	3 500	4 900
Advocacy-communication	1 350	1 250	2 600
Cross-sectoral costs	1 500	0 000	1 500
Total	**11 966**	**15 750**	**27 716**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.